

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET

SERIAL NO. _____ FILING DATE _____

APPLICANT(S) _____

CLAIMS

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	IND	DEP	IND	DEP	IND	DEP
1	1					
2	1					
3	1					
4	1					
5	4					
6	4					
7	4					
8	2					
9	2					
10	2					
11	2					
12	2					
13	2					
14	5(1)					
15	9(1)					
16	9(1)					
17	9(1)					
18	9(1)					
19	9(1)					
20	9(1)					
21	8					
22	8					
23	8					
24	9(1)					
25	9(1)					
26	9(1)					
27	9(1)					
28	8					
29	8					
30	8					
31	8					
32	8					
33	8					
34						
35	1					
36	1					
37	1					
38	9(1)					
39	9(1)					
40	1					
41	1					
42	1					
43	4(1)					
44	4(1)					
45	4(1)					
46	9(3)(1)					
47	1					
48	9(1)					
49						
50						
TOTAL IND.	5					
TOTAL DEP.	60					
TOTAL CLAIMS	65					

	IND	DEP	IND	DEP	IND	DEP
51						
52						
53						
54						
55						
56						
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58						
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100						
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						